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Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership

Summary

The present report, prepared by the World Health Organization pursuant to General Assembly resolution 66/2, sets out options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership. The report gives an overview of existing partnerships in this area, their lessons learned and key elements for successful approaches, and proposes five models for global partnerships against non-communicable diseases.

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I. Introduction

1. The present report is submitted pursuant to the annex to General Assembly resolution 66/2, in which the Assembly requested the Secretary-General, in close collaboration with the Director-General of the World Health Organization (WHO) and in consultation with Member States, United Nations funds and programmes and other relevant international organizations, to submit to it by the end of 2012, at its sixty-seventh session, options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases[1] through effective partnership.

2. The report reflects the input gathered in accordance with WHO Executive Board resolution EB130.R7, by which the Board requested the Director-General of WHO to develop the WHO input called for in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. A progress report and a timeline were submitted to the Sixty-fifth World Health Assembly (document A65/7). Accordingly, the present report builds on the discussions at the Sixty-fifth World Health Assembly.

3. While Governments have the primary role and responsibility to respond to the challenge of non-communicable diseases, the complexity of the challenges posed by such diseases, in terms of both improving health outcomes from and reducing exposure to risk factors for non-communicable diseases, necessitates efforts from across Government, namely, "multisectoral action" (see examples in table 1 below).

4. The use of the term "multisectoral" is paired deliberately with the emphasis on partnerships to recognize the critical contributions needed from stakeholders beyond Governments. The present report refers to such collaborations as multi-stakeholder partnerships.

5. As non-communicable diseases threaten the populations and fiscal health of all nations, greater action in all countries and by all stakeholders remains imperative. The outcome document of the United Nations Conference on Sustainable Development, entitled "The future we want" (General Assembly resolution 66/288, annex) acknowledges that the global burden of non-communicable diseases constitutes one of the major challenges for development today.

II. Increasingly, Governments in developing countries are making efforts to address non-communicable diseases, but growing awareness of the challenge of epidemic proportions and its socioeconomic developmental impacts has rarely translated into multisectoral action at the scale required

6. Most premature deaths from non-communicable diseases are preventable by influencing public policies in sectors outside health rather than by making changes in health policy alone.[2] Quick gains against the non-communicable disease epidemic can be achieved through modest investments in a package of core interventions that reduce the exposure of populations and individuals to the risk factors for such

[1] Principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

[2] For further details on this issue, see documents A/65/362 and A/66/83.

diseases and strengthen health care for people with them. Widespread implementation of these interventions requires the active engagement of sectors beyond health and a whole-of-Government approach. Accordingly, the Political Declaration on non-communicable diseases offers a paradigm shift in thinking about such diseases as an issue that cannot be addressed by one sector alone and focuses on cross-sectoral priority actions for Governments. These include the following:

- **Advocacy for action on non-communicable diseases**. Build and disseminate information about evidence base on the relationship between non-communicable diseases, development, environmental sustainability, and peace and security based on national situations
- **A holistic approach**. Integrate policies and programmes relating to non-communicable diseases into health-planning processes and the national development agenda.
- **Partnerships**. Establish and strengthen national multisectoral policies and plans for the prevention and control of non-communicable diseases, with special emphasis on:
  - Setting national targets and indicators for the prevention and control of non-communicable diseases and measuring results
  - Reducing exposure to the common risk factors for non-communicable diseases
  - Promoting access to primary health-care interventions for non-communicable diseases
- **Sustainability**. Increase domestic budgetary allocations for combating non-communicable diseases and explore viable financing options through voluntary innovative financing mechanisms, including taxation on tobacco and alcohol.

7. A global survey conducted by WHO in 2009-2010 shows that while 65 per cent of countries have written policies targeting one or more non-communicable diseases or their risk factors, only 31 per cent have operational programmes with dedicated funding. While poorer countries are increasingly less likely to fund and implement programmes, self-reinforcing political commitments from leaders in developing countries to address non-communicable diseases have gained steam.

8. In addition, policy responses tend to be piecemeal rather than comprehensive and integrated. Surveys of 158 countries conducted in 2000 and 2010 showed a moderate increase in integrated policies (52-67 per cent) and in specific policies, such as cardiovascular disease (34-65 per cent) or tobacco (39-85 per cent). However, fewer than half of countries with policies report that policies are operational with dedicated budgets. Therefore, comprehensive responses in all sectors for the prevention and control of non-communicable diseases need to be strengthened and resources should be allocated to implementation with a focus on the rising risks and burden of such diseases.

III. Member States need to lead multisectoral action and multi-stakeholder partnerships

9. At the World Health Assembly in 2012, Governments adopted a voluntary global target to reduce premature mortality from non-communicable diseases by 25 per cent by 2025 — the "25 by 25" voluntary global target. Additional voluntary global targets will be considered at a formal meeting of Member States and United Nations system agencies to be convened by WHO in November 2012.

10. In May 2013, the World Health Assembly will consider a 2013-2020 global action plan on non-communicable diseases, comprising a set of actions to achieve a global target of a 25 per cent reduction in premature mortality from non-communicable diseases by 2025, as well as additional voluntary global targets. The plan will also guide the development of national indicators and targets and place special emphasis on how Governments can galvanize the implementation of interventions through a meaningful multisectoral response.

11. Despite the many interventions that exist for the prevention and control of non-communicable diseases, even the wealthiest countries have to choose which are implemented, given limited resources. In preparation for the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, WHO identified a set of evidence-based "best buy" interventions with compelling evidence for cost-effectiveness, feasibility, affordability and appropriateness to implement within the constraints of local health systems.[3] Many require a multisectoral approach for optimal implementation.

12. Member States repeatedly have recognized that national policies and supranational practices by sectors beyond the area of health have a major bearing on non-communicable diseases and their risks. Countries have called for multisectoral action, including whole-of-government, whole-of-society and health-in-all-policies approaches across relevant sectors. Greater gains can be achieved working with many other sectors, as shown in table 1 below.

[3] See WHO, *Scaling up action against NCDs: How much will it cost?* (Geneva, 2011), table 1, available at http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf.

Table 1
Examples of cross-sectoral government engagement to reduce risk factors for non-communicable diseases[4]

Sector	*Tobacco*	*Physical inactivity*	*Harmful use of alcohol*	*Healthy diet*
Agriculture (food and agriculture system)	✓		✓	✓
Communication	✓	✓	✓	✓
Education	✓	✓	✓	✓
Energy		✓	✓	✓
Environment	✓	✓	✓	✓
Finance	✓	✓	✓	✓
Food	✓		✓	✓
Health	✓	✓	✓	✓
Housing	✓	✓		
Industry		✓	✓	✓
Justice/security	✓	✓	✓	
Legislature	✓	✓	✓	✓
Transport	✓	✓	✓	✓
Social/welfare	✓	✓	✓	✓
Sports	✓	✓	✓	✓
Trade	✓	✓	✓	✓
Urban planning		✓	✓	✓

13. Tools for multisectoral action comprise laws, regulations, policies, budgetary allocations, impact assessments and other normative and political instruments. Additionally, Governments must lead partnerships with civil society, the private sector and other stakeholders. Illustrative examples of these actions are shown in table 2 below. National plans, the global action plan on non-communicable diseases, and the global monitoring framework can provide guidance to determine the sectoral participation needed to achieve progress and remain inclusive but efficient.

[4] Adapted from: Montserrat Meiro-Lorenzo and others, "Effective responses to NCDs: embracing action beyond the health sector", World Bank, 2011, available at http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/EffectiveResponsestoNCDs.pdf.

Table 2
Examples of the potential health effects of multisectoral action

Risk factor for non-communicable diseases	*Sectors involved (examples)*	*Examples of multisectoral action*	*Desired outcome*
Tobacco use	– Legislature – Stakeholder ministries across government, including ministries of agriculture, customs/revenue, economy, education, finance, health, foreign affairs, labour, planning, social welfare, state media, statistics, and rade – Civil society	– Full implementation of WHO Framework Convention on Tobacco Control obligations through coordination committees at the national and subnational levels	– Implementation mechanisms in place based on country priorities – Reduced tobacco use and consumption, including second-hand smoke exposure and reduced production of tobacco and tobacco products
Physical inactivity	– Ministries of education, finance, labour, planning, transport, urban planning, sports, and youth – Local government – Private sector – Civil society	– Urban planning /re-engineering for active transport and walkable cities – School-based programmes to support physical activity – Incentives for work site healthy-lifestyle programmes – Increased availability of safe environments recreational spaces – Mass media campaigns	– Increased physical activity
Harmful use of alcohol	– Legislature – Ministries of trade, industry, education, finance, justice – Local government – Private sector – Civil society	– Tax increases – Bans on alcohol advertising – Restricted access to retailed alcohol – Reduced drunk driving	– Reduced harmful use of alcohol
Unhealthy diet	– Legislature – Ministries of agriculture, trade, industry, education, urban planning, energy, transport, social welfare, environment – Private sector – Civil society	– Reduced amounts of salt, saturated fat and sugars in processed foods – Eliminate industrially produced trans-fats in foods – Controlled advertising of unhealthy food to children – Promotion of fruit and vegetable intake – Offer of healthy food in schools and other public institutions and through social support programmes – Economic interventions to drive food consumption (taxes, subsidies) – Food security	– Reduced use of salt, saturated fat and sugars – Substitution of healthy foods for energy-dense micronutrient-poor food – Reduced obesity

14. WHO, the World Bank and others have identified various multisectoral approaches and actions relevant to the prevention and control of non-communicable diseases. They recommend the following:

- Using a whole-of-Government approach
- Ensuring ongoing political leadership to ensure accountability
- Responsible stewardship and management of conflict of interest
- Ensuring sustainable financing, discussed in section IV below, in the context of both multisectoral and multi-stakeholder partnerships
- Developing a sustainable workforce, for health and within supporting non-health services, drawing on a wide range of disciplines given the complexity of issues relating to non-communicable diseases: advertising, anthropology, business, economic, food and agricultural system, law, management, psychology, trade and urban planning
- Ensuring access to safe, effective, quality medicines and diagnostic and other technologies. Equitable access requires rational selection, affordable prices, sustainable financing and reliable systems
- Promoting the development and use of impact assessment, which can assist in systematically assessing the health effects of policies external to the health sector and promoting accountability.

15. There are existing partnerships against non-communicable diseases. In a survey conducted by WHO in 2010, 86 per cent of countries reported having some form of partnerships or collaborations for implementing key activities relating to non-communicable diseases. Most countries (76 per cent) engage in collaboration in the form of a cross-departmental or ministerial committee. Fewer countries have interdisciplinary committees (68 per cent) or joint task forces (59 per cent). Non-governmental organizations (NGOs), community-based organizations and civil society together form a stakeholder in the partnerships/collaborations in the majority of countries (82 per cent). Collaborations with other, non-health government ministries are also common (80 per cent of countries), as is the case with academia (72 per cent) and United Nations system agencies (68 per cent). Private sector entities are the least common stakeholder (59 per cent), although they are far more often stakeholders in upper-middle-income and high-income countries (70 per cent) than in low-income countries (37 per cent). Collaborations most often address tobacco use (83 per cent of countries), diabetes (81 per cent), unhealthful diet (77 per cent), cancer (77 per cent), physical inactivity (75 per cent) and hypertension (72 per cent).

IV. Country-led action can be advanced by more and better partnerships at the regional and global levels

Global activities should be designed to better support Member States

16. Non-communicable diseases are at the top of requests from developing countries for policy advice, technical assistance and capacity-building. An analysis of 144 WHO country cooperation strategies in 2012 found that 136 Member States requested support for the design and/or implementation of national multisectoral efforts to address non-communicable diseases. Yet, those requests cannot be adequately addressed and many commitments remain unfulfilled. A new and more holistic approach is needed to address this deficit and leverage the knowledge

generated on successful approaches and lessons learned in responding to non-communicable diseases in order to realize the future we want for all. There is a need to address the multisectoral political, technical and operational issues and support Governments' diverse roles as strategists, financiers, stewards and implementers. Global efforts must focus on creating a conducive environment, providing tools and mobilizing resources, and also evaluating and promoting the sharing of good practices between countries and monitoring action and impact to ensure effectiveness and accountability. Efforts should also limit harmful elements in that context, such as the commercial practices around tobacco. Regional economic and development cooperation organizations can also contribute to national action, including in the context of trade negotiations. Intergovernmental bodies active in non-health sectors, such as the Committee on World Food Security and the Human Rights Council, can also contribute.

To date, non-communicable disease partnerships have been relatively small and piecemeal

17. There are relatively few documented global partnerships against non-communicable diseases to date. From 2009 to 2011, the WHO Global Non-communicable Disease Network, NCDnet,[5] brought together a range of actors under a voluntary collaborative arrangement comprising donors, philanthropic foundations, United Nations system agencies, intergovernmental organizations, international financial institutions, NGOs and the private sector. NCDnet aimed to coordinate the activities of various stakeholders to facilitate a political, social and public health movement in support of the implementation of the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases.[6] With recent developments, including the Political Declaration on non-communicable diseases, the outcome document of the United Nations Conference on Sustainable Development, the ongoing work on the global monitoring framework and targets for non-communicable diseases and the 2013-2020 global action plan, NCDnet has become insufficient in scope and scale. Other multisectoral global efforts that are relevant for non-communicable diseases — such as for nutrition, physical activity, harmful alcohol use and tobacco control — also offer opportunities on which to build.

18. Lessons can be learned from other global groups. The NCD Alliance[7] highlights the importance of bringing together groups from previously isolated disease- or risk factor-focused spheres. The Bloomberg Initiative to Reduce Tobacco Use[8] and the Gates Foundation-funded WHO project to reduce tobacco use in Africa[9] show that tight accountabilities against well-defined targets can accelerate progress.

19. Future global activities need to be oriented towards and responsive to the needs of Member States, with an emphasis on technical support, including integrating with wider health-system strengthening and universal coverage agendas. For example, the European Union provides support for the implementation of the

[5] www.who.int/ncdnet.

[6] Available at http://www.who.int/publications/en/.

[7] www.ncdalliance.org.

[8] http://www.who.int/tobacco/communications/highlights/bloomberg/en/index.html.

[9] http://www.who.int/tobacco/communications/events/who_centre_tobacco_control_africa/en/.

WHO Framework Convention on Tobacco Control[10] through assistance to developing countries based on joint needs assessments and in accordance with the principles of national ownership and political commitment.

Lessons from existing global health partnerships can be applied at the country and global levels to develop strong collaborative efforts against non-communicable diseases

20. Reviews of existing global health-related partnership models point to a range of lessons learned that can inform the design and expansion of partnerships against non-communicable diseases.[11,12,13,14] For example, it takes time to develop partnerships with adequate scale and scope to have impact. Models should be able to evolve to respond to needs and opportunities. While some initiatives apply a phased approach, others are founded with broad and comprehensive mandates. The number and structures of partnerships often evolve to match changing needs and conditions. For non-communicable diseases, this suggests a simultaneous need to advocate and establish a culture of responding to the challenge of such diseases that spurs countries to seek solutions.

21. Furthermore, partnerships' functions and objectives should determine their structural arrangements. Partnerships with significant financing roles tend to formalize governance structures, decision-making roles and accountabilities. Coordinating bodies, such as task-focused networks, often require less formal governance structures to achieve results while providing flexibility and limiting transaction costs. Some global health partnerships have recognized the significant contributions that result from the inclusion of communities and individuals affected by the disease targeted.

22. Other determinants that enable partnership successes for public health include:

- Demonstrating a clear added value for public health
- Having a clear goal that concerns a priority area of the work of WHO
- Being guided by the technical norms and standards established by WHO
- Supporting national development objectives
- Ensuring the appropriate and adequate participation of stakeholders
- Clear roles of partners

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[10] United Nations, *Treaty Series*, vol. 2302, No. 41032.

[11] WHO, Report by the Secretariat on partnerships, (World Health Assembly document A63/44).

[12] K. Buse and S. Tanaka, "Global public-private health partnerships: lessons learned from ten years of experience and evaluation", *International Dental Journal*, vol. 61(Supp. 2), pp. 2-10 (August 2011).

[13] Bill & Melinda Gates Foundation, "Developing successful health alliances", 2002, available at https://members.weforum.org/pdf/Initiatives/GHI_2003_GlobalHealthAlliances.pdf, accessed 10 October 2011.

[14] Karen Caines and others, "Assessing the impact of global health partnerships", Department for International Development Health Resource Centre, available at http://www2.ohchr.org/english/issues/development/docs/WHO_synthesis.pdf, accessed 10 October 2011.

- Frequent evaluation of transaction costs related to the partnership, along with the potential risks and benefits
- Pursuit of the public-health goals takes precedence over the special interests of participants
- Having an independent external evaluation and/or self-monitoring mechanism.

23. The immediate challenge is to ensure transformative change through sustained political will and government leadership in addressing non-communicable diseases, which are critical in order to reach the necessary levels of multisectoral cooperation, regulatory and legislative action, policy coherence and funding and the long-term commitment required to realize the future we want for all. Political will is required to create a national coordination body — ideally reporting to the Head of State or Government — and to demand and oversee a national multisectoral plan and targets, which in turn is critical to determine the shape and membership of cross-sectoral work. Political will is also critical to provide adequate, sustained and predictable financing. Political leadership underpins sustained accountability for results.

24. The emphasis on accountability for global health activities has never been greater. To improve efficiency and effectiveness, especially in the setting of scarce resources, independent and regular evaluation is essential. Different partnerships rely on different models — from independent auditors, to external reviews commissioned by the organization itself, to watchdog-type reports from civil society or donors — and these are often additive or complementary. There are opportunities for contributions to accountability from platforms including the General Assembly the World Health Assembly and civil society.

25. There will be opportunities to build on structures of other global health partnerships, such as those regarding HIV, tuberculosis, malaria, reproductive health and child health. For example, the GAVI Alliance is increasingly contributing to efforts to reduce cancer-related deaths from hepatitis B and deaths from cervical cancer.

26. Furthermore, the work of the WHO Framework Convention on Tobacco Control, under the guidance of the Conference of the Parties, can contribute to strengthening the legal, administrative and advocacy dimension of the global response to non-communicable diseases.

Multisectoral and multi-stakeholder to build momentum

27. On the basis of an analysis of other health-related efforts, WHO has identified a key set of functions that contribute to an enabling environment for implementation:

- **Coordination mechanisms**. Collaborative mechanisms can support and assemble the relevant sectors and actors to plan, design, implement and monitor programmes on non-communicable diseases. Mechanisms also are needed to convene and harness the energies of other stakeholders, including civil society, philanthropic organizations and the private sector, as appropriate. In developing countries, they can assist in donor coordination
- **Advocacy, awareness-raising and accountability**. Communication is needed at the global and local levels, with messages ranging from promoting non-communicable disease issues in health planning and development agendas

for political decision makers to target the populations and individuals at risk and to build literacy around non-communicable disease prevention and control. Advocacy efforts can benefit from the contributions of civil society and others, including those affected by such diseases. Advocacy and implementation will benefit from mechanisms promoting accountability, underpinned by active monitoring and evaluation to create the evidence base around progress

- **Financing and resource mobilization**. At the country level, most financing will come from domestic sources; however, for global activities in support of national efforts and to supplement domestic resources, there are other sources that may contribute, including innovative financing, multilateral financing, bilateral sources and private sector and/or non-governmental sources

- **Capacity-building and technical support**. For many countries, the immediate priorities are capacity assessments, the development of national plans and the introduction of consumption taxes and other budgetary reforms to fund programmes. Structures for capacity-building can vary from virtual knowledge hubs to hands-on training programmes and technical engagements

- **Product access and market shaping**. Market shaping activities can range from pooled procurement of health commodities or innovative mechanisms to sustainably reduce prices. to enabling strategies such as patent pools and financing mechanisms. Some focus on strengthening supply chains, safeguarding quality and increasing the points of availability. Other partnerships can promote appropriate uptake and individual or community awareness

- **Product development/innovation**. Public-private partnerships can develop new medicines, vaccines and diagnostics to fill product gaps. They may support new or improved information and communications technologies to reach clinical services, health-care workers, communities or patients.

Applying the key functions of potential partnerships for non-communicable diseases at the national, regional and global levels

28. At the national level, the balance of key functions of partnerships will vary according to national settings and may include the following:

(a) Consultative coordinating platform:

- Exercise a leadership and a coordination role in promoting and monitoring national multisectoral action against non-communicable diseases in relation to the work of Government departments, civil society and the private sector

- Establish a high-level multisectoral mechanism for planning, guiding, monitoring and evaluating enactment of the national policy with the effective involvement of sectors outside the area of health

- Conduct a comprehensive assessment of non-communicable disease characteristics and the scale of the problems they pose, including an analysis of the impact of the policies of different Government sectors

- Promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of non-communicable diseases

- Establish effective partnerships for the prevention and control of non-communicable diseases, and develop collaborative networks, involving key stakeholders, as appropriate
- Participate actively in regional and global networks for the prevention and control of non-communicable diseases

(b) Advocacy and awareness:

- Strengthen the capacity of individuals and populations to make more healthful choices and follow healthful lifestyle patterns
- Raise public awareness of the increasing magnitude of the public-health and development problems posed by non-communicable diseases, and the fact that tackling the determinants of and risk factors for such diseases has the potential to be a significant method of prevention
- Promote the capacity-building of non-communicable disease-related NGOs at the national level to establish a social movement on non-communicable diseases and realize their full potential as partners in the prevention and control of such diseases
- Integrate non-communicable diseases into the discussions on the post-2015 United Nations development agenda

(c) Financing and resource mobilization:

- Increase and prioritize budgetary allocations for addressing non-communicable diseases
- Support the development of voluntary innovative financing mechanisms, including the potential to increase taxation on tobacco and alcohol

(d) Capacity-building:

- Strengthen national capacities to develop national targets and indicators based on national situations, implement a core set of interventions and design and implement national multisectoral policies and plans for the prevention and control of non-communicable diseases
- Review and strengthen, when necessary, evidence-based legislation, together with fiscal and other relevant policies that are effective in reducing the risk factors for non-communicable diseases

(e) Product access:

- Enhance access to essential medicines and affordable medical technology for the prevention and control of non-communicable diseases, building on WHO programmes promoting both good-quality generic products and the improvement of the procurement, efficiency and management of medicine supplies

(f) Product development and innovation:

- Invest in research as part of national programmes for the prevention and control of non-communicable diseases
- Encourage the establishment of national reference centres and networks to conduct research on socioeconomic determinants, gender, the cost-

effectiveness of interventions, affordable technology, health-system reorientation and workforce development.

29. At the global level, the Political Declaration on non-communicable diseases reaffirms the leadership and coordination role of WHO in promoting and monitoring global action against such diseases in relation to the work of other relevant United Nations system agencies, development banks and other regional and international organizations to address them in a coordinated manner. WHO recognizes that leadership requires many activities, which include convening and coordinating diverse stakeholders to capture a wider range of skills and resources. Key functions at the global level may include the following:

(a) Global consultative coordinating platform:

- Global stocktaking
- Exchange knowledge based on global stocktaking for coordination and new partnerships
- Exchange best practices
- Facilitate technical assistance

(b) Advocacy and awareness:

- Forge political alliances to support developing countries
- Integrate non-communicable diseases into the post-2015 United Nations development agenda, Group of Twenty, and so forth
- Build public awareness

(c) Financing and resource mobilization:

- Cultivate adequate sustainable resources for needs
- Support the development of financing mechanisms

(d) Capacity-building:

- Translate "how-to" tools for the non-communicable disease "best buys" into action
- Mobilize support across the United Nations system agencies and beyond
- Establish a roster of international experts on non-communicable diseases

(e) Product access:

- Support market shaping, including pricing, procurement, quality support and distribution, where appropriate
- Support the implementation of WHO essential medicines
- Develop partnerships for access

(f) Product development and innovation:

- Identify product/technology gaps
- Support development partnerships through financing, and so forth.

30. Various other actors can join a global platform to build momentum towards the 25 by 25 voluntary global target and additional voluntary global targets, including United Nations system agencies, development banks and other regional and international organizations, philanthropic foundations, NGOs and private sector platforms. Global coordination will be critical to ensure that all voluntary global targets are achieved, support existing efforts and catalyse new ones.

31. In the Political Declaration on non-communicable diseases, world leaders called on the private sector to strengthen its contribution to non-communicable disease prevention and control by taking concrete measures. The private sector can bring comparative advantages, for example, to strengthen information, communications and logistical systems for the delivery of health-related goods and services; to facilitate healthful policies relating to non-communicable diseases in urban planning; to promote healthy communities and raise consumer awareness; and to develop innovative solutions for gaps in terms of the goods and services required.

32. Examples[15] of United Nations system agencies supporting global and national activities include the recent joint letter from the Heads of the United Nations Development Programme (UNDP) and WHO addressed to United Nations country teams, proposing to integrate, according to country context and priorities, non-communicable disease prevention and control within the United Nations Development Assistance Frameworks. WHO and other United Nations system agencies are exploring a task force on non-communicable diseases, which would report to the Economic and Social Council. The World Bank has committed to providing wide-ranging support for developing countries to improve their development and health outcomes — both in relation to the unfinished Millennium Development Goals agenda and the challenges posed by non-communicable diseases.

33. International agencies, philanthropic and development donors and NGOs need to work together to enhance their support for country-level multisectoral action. There are opportunities for North-South, South-South and triangular partnerships. Donors and other technical agencies should ensure that their activities are in line with the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. For example, the evolving framework of South-South and triangular cooperation under the WHO Framework Convention on Tobacco Control addresses regional- and subregional-specific implementation challenges through the exchange of knowledge, legal and technical expertise.

V. There is a range of options for national and global partnerships

34. The desired functions and objectives of national and global partnerships should influence their structural arrangements. While there should be policy coherence, the diversity of contexts and challenges within and among countries

[15] For additional contributions from other United Nations system agencies, see the report of the first Meeting of United Nations Funds, Programmes and Agencies on the Implementation of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 8 December 2011), available at http://www.who.int/nmh/events/2011/UN_NCDs_Report.pdf.

should also be considered. Two elements should be seen as common. First, core values, principles and standards derived from the internationally adopted WHO normative frameworks on non-communicable diseases should be explicitly integrated into any option for national and global partnerships. In addition, the response to non-communicable diseases has a number of important characteristics that should influence the shape of partnerships, including: the centrality of national leadership, the multisectoral nature and the need to involve and coordinate a myriad of actors, and the relatively nascent response that is currently largely unfunded. Future decisions on options should consider their cost and cost-effectiveness, their ability to promote multisectoral action and multi-stakeholder engagement and whether their likely impact will match the needs of non-communicable diseases.

At the country level, Governments need to determine which bodies will drive their national responses to non-communicable diseases and how to empower them

35. The response to non-communicable diseases shares certain principles across settings, even as national programmes require specific tailoring. First, countries need to determine how to designate a lead body or agency. Some countries establish a core group reporting to the Head of State. Some create a national agency or multisectoral commissions for health promotion and prevention, while others strengthen structures within the ministry of health.

36. National non-communicable disease leads in countries then have to determine to what extent they will act as strategists and stewards, as opposed to acting as actors and implementers. They need to plan pathways for regulatory and legislative reform to mitigate the risk factors for non-communicable diseases and to support the treatment and care of such diseases. They need to assess their capacity for change and to identify and marshal resources to fill gaps — whether technical, financial or structural. Finally, they need to identify programmes — such as reproductive health, nutrition, tobacco, HIV and tuberculosis, and mental health programmes — in which they can include non-communicable diseases.

37. With these assessments in mind, non-communicable disease leads must prioritize how to reach out to relevant sectors within Government and to stakeholders who might be interested in partnering and establish structures for engagement.

38. In parallel, countries can choose how to reinforce whole-of-Government approaches for non-communicable diseases; for example, by enshrining them in United Nations Development Assistance Framework agreements, poverty reduction strategies, Millennium Development Goals programmes and donor agreements.

39. WHO, other relevant United Nations system agencies, development banks and other regional and international organizations will build the capacity of Member States in establishing a high-level multisectoral mechanism for planning, guiding, monitoring and evaluating the enactment of national policy with the effective involvement of sectors outside the area of health.

Global collaborative efforts should promote and accelerate country action

40. Existing global health partnerships illustrate a range of models that are being used to support countries in implementing health priorities. While existing partnerships vary in size, scope and formality, each has a central coordinating mechanism that convenes stakeholders (see figure below).

An illustrative spectrum of global health partnerships

Example	UN Road Safety Collaboration	PMNCH	Stop TB Partnership	GAVI Alliance	GF
Secretariat (FTE)	Less than 10	Around 10	Around 10	179	Hundreds
Secretariat budget (USD per year)	3 million	10 million	89 million	79 million	209-300 million
Funds under management	Not directly	Millions for country grants	Millions for country grants	Billions	23 billion in approved funding
Resource mobilization/ innovative financing	• (RS Facility) • (FIA Fund) • (RS Fund) • Funding for the decade campaign	• Task Force on Global Financing Architecture	• Global Drug Facility • TB REACH • UNITAID	• Replenishment • IFFIm • AMC • Matching Fund	• Replenishment • Debt 2 Health • (Product (Red))
Capacity building/technical assi nce	• WHO, other UN agencies, World Bank	• MNCH portal • Technical publications	• TBTEAM & Green Light Committee	• Business plan support to WHO, UNICEF, and other partners	• HSS platform • Grants
Products access/development		• Commission on Commodities	• Global Drug Facility • TB REACH	• AMC • Phase IV studies	• AMFM

Abbreviations: IFFIM, International Financing Facility for Immunization; AMC, advanced market commitment; ADIP, accelerated development and introduction plan; AVI, Accelerated Vaccine Introduction Initiative; HSS, Health-Systems engthening Platform; GF, Global Fund to Fight AIDS, Tuberculosis and Malaria; AMFM, affordable medicines acility — malaria; PMNCH, Partnership for Maternal, newborn and Child Health; MNCH, maternal, neonatal, and child health.

41. Some features of non-communicable diseases imply that the partnerships focused on such diseases will be different. While some existing partnerships were formed around the distribution of external funding, non-communicable diseases will predominantly require domestic funding. Also, most partnerships are focused primarily on mobilizing the health sector and enhancing health services around vertical programmes, rather than on multisectoral action to catalyse regulatory, legislative and health-system reform, as is required for non-communicable diseases. Another, relatively new, example is related to treaty work under the WHO Framework Convention on Tobacco Control, the first global health treaty. With the combined funding from voluntary assessed contributions as its regular budget, and extrabudgetary contributions from the parties, its workplan is adopted by the Conference of the Parties and executed by the Convention secretariat.

42. Using this analysis as an illustrative guide, five broad models are proposed as options for the consideration of global partnerships against non-communicable diseases. These models may represent a progression over time, reflecting the progress — or lack thereof — made against the challenges of the non-communicable disease epidemics.

Option 1: aligned independent efforts

43. This model essentially describes an enhancement of the state of efforts against non-communicable diseases to date. Activities have evolved organically, largely without coordination or shared strategy. The implementation of global strategies on alcohol and diet, nutrition and exercise has been patchy, but improving. The implementation of the WHO Framework Convention, as reflected in the implementation reports of the parties, shows steady progress internationally. There are a number of disease- or risk-factor-specific collaborations, but few cross-cutting ones. Very few partnerships tackle the development of health systems comprehensively, meaning that there are limited options for partnerships with which programmes on non-communicable diseases might expand. However, the implementation experience of the WHO Framework Convention is important and acknowledged for its contribution to strengthening multisectoral mechanisms and their relevance in ensuring a whole-of-Government approach at the country level.

44. Generally, interested actors determine the timing and extent of their activities against specific non-communicable diseases or their risk factors, without concerted advocacy to accelerate action or to ensure that countries' requests for assistance are answered.

45. Overall, this approach would need considerable attention to catalyse partnerships or create the momentum to set a trajectory towards the 25 by 25 voluntary global target.

46. For this organic model to gain greater traction without a significant investment of new resources, WHO could host a forum or series of forums and invite interested parties to express commitment and to seek partnerships in support of the global action plan on non-communicable diseases 2013-2020. Such a meeting could seek to accelerate action by blending the characteristics of a pledging conference and a matchmaking event. WHO could also develop an electronic notice board with the aim of helping countries to request technical assistance or support.

47. The risks of continuing with this model include that the momentum generated will be insufficient to reach the 25 by 25 target and that countries will not be able to gain access to the support that they need.

Option 2: social movement

48. To promote public awareness about non-communicable diseases and to provide the basis for converging advocacy around the links between such diseases, poverty and development, this model would entail establishing a social movement on non-communicable diseases aimed at directing national and global resources towards multisectoral policies and plans. As with HIV, social movements could advocate Government action to prevent and manage non-communicable diseases through a whole-of-society approach, including by lobbying and informing

parliamentarians. A set of principles and rules of engagement would have to be developed to unite the movement around a common agenda.

49. Stakeholders would include WHO, other relevant United Nations system agencies, development banks and other regional and international organizations, civil society and the private sector, safeguarding public health from any potential conflict of interest.

50. With a view to strengthening its contribution to a social movement on non-communicable diseases, the private sector in particular would:

- Take measures to implement the WHO recommendations to reduce the impact of the marketing of unhealthful foods and non-alcoholic beverages to children, taking into account existing national legislation and policies
- Consider producing and promoting more food products consistent with a healthful diet, including by reformulating products to provide more healthful options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content
- Promote and create an enabling environment for healthful behaviours among workers, including by establishing tobacco-free workplaces and safe and healthful working environments through occupational safety and health measures, including, good corporate practices, workplace wellness programmes and health insurance plans
- Work towards reducing the use of salt in the food industry to lower sodium consumption
- Contribute to efforts to improve access to and the affordability of medicines and technologies in the prevention and control of non-communicable diseases.

Option 3: coordinated network

51. There are a number of more recent partnerships that have looser "networked" structures in and around which activities tend to be collaborative, time-bound and purpose-driven in nature. Examples include the United Nations Global Road Safety Collaboration and the Partnership for Maternal, Newborn and Child Health. An evolving and dynamic framework is emerging in relation to the work of the Ad Hoc Inter-Agency Task Force on Tobacco Control.

52. Despite having relatively small secretariats and only catalytic budgets, both organizations use their convening platforms to promote a range of supportive financing and implementation-oriented partnerships. Around them are larger financing bodies. They have strong relationships with United Nations system agencies, and WHO hosts their secretariats.

53. A number of agile global partnerships, alliances and results-oriented collaborative arrangements could be established on non-communicable diseases. This would require strengthening the existing arrangements and establishing new ones, linking them through a relatively informal, networked approach.

54. The immediate first step is to build a central hub that can catalyse more partnerships in successive rings of spokes. A neutral convening platform should ensure that advocates are not confined to technical, disease or risk-factor silos that

would make it harder for countries to adopt comprehensive and integrated responses. It can also invite a wide range of stakeholders to engage.

55. A global coordination mechanism would need to conduct and enable global-level advocacy with some specific goals: maintaining non-communicable diseases on the global agenda; encouraging regional and national action; monitoring and communicating progress on the 25 by 25 voluntary global target; and encouraging resource mobilization from domestic, external, and innovative sources to fulfil the advocacy and implementation requirements at all levels.

56. The coordinating mechanism could evolve to deliver additional functions — such as financing, accountability and product access — or it could catalyse aligned partnerships to do so. For non-communicable diseases, a hub-and-spoke model working through a network of partners and satellite partnerships could begin with a very informal structure and a few partners, but be tasked to advocate for and provide technical support to countries to make optimal investments in their national responses.

Option 4: a loosely coordinated network around a social movement on non-communicable diseases

57. This model would essentially be a merger of options 1, 2 and 3. The global response requires an ability to evolve. For the short term, this suggests that loose, rather than formalized, arrangements between a global coordination mechanism (a "hub") and supporting multi-stakeholder partnerships and work streams ("spokes") are most likely to achieve this goal — while being imminently affordable, with manageable transaction costs, a high degree of inclusivity and flexibility focused on specific functions and outcomes.

58. Given the currently resource-constrained environment and the need to engage partners through shared work streams, the global response to non-communicable diseases should be progressively built around a global convening platform or hub. While momentum is gathered, the initial structure should be loose and focused on those "spoke" functions that are urgent and that contribute to building momentum. This does not preclude the complementary and parallel activities of others, which should be invited and encouraged.

Option 5: centralized, formalized partnership

59. There are a number of large centralized partnerships, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the GAVI Alliance, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Standing Committee on Nutrition, and the Codex Alimentarius Commission. The Global Fund and GAVI are funding mechanisms, while UNAIDS was established to coordinate the United Nations response to HIV and became an important advocate. When founded, they tended to have vertical focuses with a mindset of an emergency or limited-term response and often instigated parallel structures in countries. Over time, they have evolved in terms of approach and terms of reference. Collectively, they have caused significant changes in how global health partnerships work, working separately but alongside traditional multilateral agencies.

60. GAVI and the Global Fund have been able to mobilize large sums with the promise of taking proven interventions to the scale required and in accordance with the principle of results-based financing. The Global Fund's founding vision was of a small secretariat that could be flexible and responsive to countries. Its structure as a public-private partnership enabled unprecedented participation (including voting rights) for civil society and the private sector. It required participation from across stakeholder groups at the country level in its national governance bodies, the country coordinating mechanisms.

61. Both have catalysed the formation of innovative financing mechanisms and experimented with innovation to promote product access. GAVI has invested in outsourced efforts to build national capacity and immunization preparedness. They have supported high-profile advocacy efforts for themselves and the needs they address. UNAIDS[16] strongly promoted the importance of political engagement, as well as the participation of people affected by the disease.

62. The magnitude and urgency of the current and future burden of non-communicable diseases could evoke proposals for a large, centralized organization — perhaps a new multilateral agency or public-private partnership — in command of significant new resources to stimulate action at all levels. A single, centralized partnership would probably not be sufficient in fulfilling the diverse partnership functions — outlined earlier — required to build the momentum to achieve the 25 by 25 target. The partnership could draw authority, influence and convening power from its resource base and cross-cutting mandate. Centralized functions could support speedy decision-making, timely and transparent monitoring, and accountability.

63. A centralized partnership for non-communicable diseases would differ from preceding examples, given the importance of country leadership and the linkages with primary health care and universal coverage that will underpin sustainability and effectiveness. The current political and financial realities, the already crowded health landscape and the need to reduce excessive fragmentation of activities mean that significant preparation would be required in order to launch this option.

VI. Selected partnership models will require an enabling environment

Financing gap to support national and global action against non-communicable diseases needs to be addressed

64. At the country level, the response to non-communicable diseases requires augmented financing for ministries of health, cross-sectoral activities and their coordination, and innovative partnerships led by Governments and involving other stakeholders. The sources of financing for most countries will be primarily domestic, reflecting the long-term nature of non-communicable disease risk-factor exposure and disease. Some least developed countries may require external support for technical assistance, capacity-building and the initiation of programming.

[16] See UNAIDS, *UNAIDS: The first 10 years, 1996-2006* (Geneva, 2008), available athttp://data.unaids.org/pub/Report/2008/JC1579_First_10_years_en.pdf, accessed 19 July 2012.

Sources for such aid are generally lacking at present but could be increased through traditional and innovative financing mechanisms.

65. Fiscal policy options include taxation for products such as tobacco and alcohol as well as the consideration of subsidies and incentives. Some countries are applying similar measures for unhealthful foods. As recommended in the WHO *World Health Report 2010*,[17] raising taxes on tobacco, alcohol and other products harmful to health can contribute substantial additional funding for Governments, while directly improving population health. For example, a 50 per cent increase in tobacco excise taxes would generate an additional $1.42 billion for the 22 low-income countries for which data are available. If all of this were allocated to health, Government health spending could increase by more than 25 per cent in several countries, up to 50 per cent. Raising taxes on alcohol to 40 per cent of the retail price could have an even bigger impact. Estimates for 12 low-income countries show that consumption levels would fall by more than 10 per cent, while tax revenues would more than triple, equivalent to 38 per cent of their total health spending. Some countries are considering fiscal options to promote healthful diets, such as taxes on unhealthful foods and subsidies for healthful foods.

66. Some countries, in particular the least developed countries, lack the national capacity not only to implement the core set of non-communicable disease interventions, but also to develop sustainable models of domestic or other financing. Many have requested technical support through bilateral and multilateral channels to address technical, managerial and governance gaps — support estimated to require between $500,000 and $1 million per year per country, at least for transitional periods. Some of the most resource-constrained countries may require longer-term external support.

67. In addition, there is a need for resources at the global level to support country efforts as well as for resources to promote and sustain global political momentum, including within the post-Millennium Development Goals agenda. Experience from other global coordination mechanisms, such as those for road safety and maternal and child health, indicate yearly budgets for convening, technical support and function-focused working groups in the order of $3 million to $10 million.

68. Few resources have been available to date from either bilateral or multilateral sources, through either traditional or innovative mechanisms. To date, an estimated seven of the Organization for Economic Cooperation and Development/Development Assistance Committee (DAC) donors have committed to or expressed interest in including non-communicable diseases in their aid programmes. There is significant scope for other DAC and emerging donors to contribute. Options to support global activities could come from traditional and emerging donors, as well as from innovative mechanisms such as a solidarity tobacco contribution.[18]

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[17] WHO, *World Health Report: Health Systems Financing: The Path to Universal Coverage* (Geneva, 2010).

[18] See WHO discussion paper, "The solidarity tobacco contribution", 2011, available at http://www.who.int/nmh/events/un_ncd_summit2011/ncds_stc.pdf.

Country, regional and global non-communicable disease partnership models will require stronger approaches to governance

69. Challenges to partnerships may include competing Government, organizational and community demands, priorities and resources; the lack of a shared understanding of goals; the lack of the shaping of health goals to address other sectoral goals, objectives and programmes; conflicts over values and diverging interests (economic or otherwise); and competing programmes.

70. Conflicts of interest may arise when personal, professional, financial or business interests are not aligned with agreed public health goals.[19] Conflicts can arise from business interests, including investments, intellectual property interests, access to proprietary information or other commercial competitive advantage. They can also arise from the cultivation of favour and advantage towards the attainment of personal, professional or organizational advancement or gain.

71. The private sector comprises a myriad of different industries, corporate cultures and business models. Each influences the interests and potential conflicts of interests that a company might bring to activities to address non-communicable diseases. Therefore, identifying and managing potential conflicts of interest requires attention, particularly when corporate business models and growth rely on the promotion of the consumption of unhealthful commodities such as tobacco, alcohol and energy-dense, nutrient-poor foods and drink. The Political Declaration on non-communicable diseases particularly recognizes the fundamental conflict of interest between the tobacco industry and public health. Addressing direct and indirect forms of conflict of interest regarding tobacco is necessary, for both publicly and privately owned tobacco entities.

72. Partnerships should establish mechanisms to avoid real and perceived conflicts of interest, consistent with the types of principles established by WHO and others, including the following:

- Promoting global and national public health
- Protecting Government or organizational independence, values and credibility
- Supporting scientific evidence-based interventions
- Avoiding inequitable or inappropriate product, service or organizational endorsement
- Avoiding interaction with the tobacco and ammunitions industries
- Distinguishing between scientific exchanges/information-sharing and policy dialogues/decision-making; ensuring appropriate governance for each case.

[19] See Roll Back Malaria Partnership Conflict of Interest Policy and Procedure, available at http://www.rbm.who.int/docs/constituencies/RBMcoiPolicy.pdf.

VII. Recommendations

National commitments against non-communicable diseases need to be priorities for action

73. **Any recommendation must recognize the need for further action to be tailored in keeping with national settings and their political, technical, and operational needs.**

74. **Although most countries have some national plan against non-communicable diseases, far fewer have robust structures for enacting them. To close this gap, Heads of State and Government can appoint and resource non-communicable disease leads who report to them and are accountable for the building of needed multisectoral and multi-stakeholder partnerships, guided by national plans and targets.**

75. **At the country level, it is proposed that countries establish a high-level national multisectoral mechanism — commission, agency or task force — reporting to the Head of State or his/her delegate, to plan, guide, monitor and evaluate the enactment of the national multisectoral policy. It should ensure the effective involvement of relevant sectors. It should convene multisectoral and multi-stakeholder working groups to oversee the development, implementation and periodic evaluation of national, multisectoral non-communicable disease plans and supporting budgets.**

76. **Member States looking to apply whole-of-Government, whole-of-society and health-in-all-policies approaches can use many entry points. Many countries can incorporate the prevention and control of non-communicable diseases into national United Nations Development Assistance Framework agreements and poverty reduction strategies. Member States can review existing programmes — such as the Millennium Development Goals, nutrition, HIV/tuberculosis and reproductive health — for opportunities to link non-communicable diseases. Member States can build on experiences with other programmes to develop a single, funded national multisectoral plan accompanied by a unified set of national targets and indicators.**

77. **By the middle of 2013, non-communicable disease leads and supporting bodies should be in place, resourced and ready to respond to the global action plan against non-communicable diseases 2013-2020. It will provide guidance on implementation activities, linking the 25 by 25 voluntary global target and other voluntary global targets, the global monitoring framework and options for applying it at the country level, and the tailoring of the internationally adopted treaties and actions to individual country settings.**

A global coordinating mechanism could build structures to galvanize national development efforts against non-communicable diseases

78. **The current climate of austerity makes it challenging to design any model. Many past global health partnerships were formed in response to sizeable new finances, which made it relatively easy to attract others, typically from the highest levels — in turn augmenting the cause's momentum. Non-communicable diseases, on the other hand, suffer from a gross mismatch between the enormous needs and the financial resources mobilized. Resource**

mobilization is critical to build both the membership of the response and the response itself. The resources required are relatively small for global advocacy and technical support; implementation will be driven largely by countries' domestic budgets being directed towards non-communicable diseases, with related health-system strengthening and health financing reform. Technical support will be the "glue" binding partnerships, more than financial opportunity and oversight.

79. **Even while resources for global action are being mobilized, work must begin to address some of the immediately pressing functions. The immediate priorities for functions include advocacy, resource mobilization and the promotion of the sharing of countries' experiences, virtually and otherwise. In complement, a United Nations task force on non-communicable diseases, reporting to the Economic and Social Council, could support United Nations country team implementation, including of the recommended actions set out in the joint WHO/UNDP letter on integrating non-communicable diseases into United Nations Development Assistance Framework processes and implementation. In this regard, the experience of the Ad Hoc Inter-Agency Task Force on Tobacco Control could be examined as an existing platform to address one of the major risk factors for non-communicable diseases.**

80. **In the near term, functions could look to: expand partnerships for promoting product access, by focusing on strengthening supply chains and delivery systems and developing market-shaping opportunities; develop an accountability mechanism; promote the prevention and control of non-communicable diseases within universal coverage and primary health-care agendas; and promote advocacy for such diseases in the post-Millennium Development Goals agenda. In the future, functions could further expand to address product development and innovation. Regional organizations should look for opportunities to support national and global action.**

The commercial complexities around the drivers of non-communicable diseases call for increasingly sophisticated tools to manage governance

81. **National and global partnerships need to create opportunities for diverse stakeholders to engage while protecting the integrity of processes from conflicts of interest. Member States and technical agencies should develop examples of good practice and guidelines to facilitate partnerships, recognizing that non-communicable diseases are more determined by public and private commercial interests than most other health challenges.**

Resource mobilization and financing are critical

82. **There is an immediate need to develop guidance materials for domestic budgetary mobilization and allocation to non-communicable diseases, ideally linked to the strengthening of primary health-care systems and the provision of universal coverage. A response is needed for countries' requests for technical support to adopt or expand tobacco and other taxes or surcharges and to apply some or all of the revenues to health care, as appropriate.**

83. **There is also a need for resources to promote wider action at the global level in response to the largely unanswered challenge of non-communicable disease prevention, treatment and care in countries.**

2014 offers a key opportunity to review progress, gaps and accountabilities

84. **The General Assembly requested an update, to be submitted at its sixty-eighth session, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases, drawing on feedback from WHO and other specialized agencies of the United Nations system. The expanding nature of the global response to non-communicable diseases — in terms of both the number of actors involved and the complexity of activities — will mean that any model initiated will likely need further iteration, revision or expansion thereafter. Additionally, given that country-led action underpinned by regulatory, legislative and health-system reform is the key to achieving the agreed 25 by 25 voluntary global target, any partnership formed should scale down as countries eventually fulfil their responsibilities.**